	CLAIMS A	S FILED	PART I			SI	MALL EI	NTITY		OTHER	THAN
		(Colum	n 1)	(Colu	mn 2) •		PE [□	OR		
TOTAL CLAI	MS 14				:		RATE	FEE]	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.0
TOTAL CHAR	GEABLE CLAIMS	/ minus 20=					X\$ 9=		OR	X\$18=	0
NDEPENDEN	T CLAIMS	minus 3 = (C)					X42=		OR	X84=	1
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		1		/ ·
If the difference in column 1 is less than zero, enter "0" in column 2						Ŀ	†140≅ TOTAL		OR	+280= TOTAL	1
,	/ CLAIMS AS A	MENDE	D - PARI	T II			IOIAL	L	OR	OTHER	775
12/17/	94 (Column 1)	,	(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE
Total	. 40	Minus	**	20	- 20		X\$ 9=		OR	X\$#8=	100
Total Independe		Minus	***	3	= D		X42=		OR	X84=	7000
FIRST PR	ESENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1	140-	·			
ANE					•	L	140= TOTAL	·	OR	+280≑	,
4/11/0	(Column 1)		(Colum	an 21	(Column 3)	, AD	OIT. FEE		OR	ADDIT. FEE	
	CLAIMS REMAINING		HIGHE	EST 1		K٢		ADDI-			ADD
	AFTER AMENOMENT		PREVIO PAID F	USLY	PRESENT : EXTRA		RATE	TIONAL FEE		RATE	TION
. Total Independe	. 13	Minus	4				X\$ 9=		OR	X\$18=	
Independe		Miņus	ے نبید	3·	"		X42=		OR	X84=	
FIRST PR	ESENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		 -					-
			٠	•			140=-		OA	+280=	
					<u>.</u>	AD	DIT. FEE		OR	ADDIT. PEE	
	CLAIMS		(Colum		(Column 3)	_	——————————————————————————————————————	<u>/</u>			
	REMAINING AFTER	. : :	NUMB PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADD TION
Total Independe	AMENDMENT	Minus	PAID F	OR		-		FEE			FEE
Independe		Minus	***				(\$ 9=	· .	OR	X\$18=	
FIRST PR	ESENTATION OF ME	1		CLAIM		L	K42=		OR	X84=	
				·····			140=	*	OR	+280=	
If the "Highes	column 1 is less than that Number Previously Pa	aid For" IN TH	IS SPACE is	tess than	20, enter "20."		TOTAL DIT. FEE		OR	TOTAL	
see If the Highes	st Number Previously P.	aid For" IN TH	IS SPACE is	less than	3, enter 3.° highest numbe	AUA				ADDIT. FEE	